

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**

(a) Name

Citizens for a Sound Government(b) Address (number and street) ☐ check if different than previously reported
P.O. Box 19730

(c) City, State and ZIP Code

Denver

CO

80129

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number**C** C30002232**3. Is This Statement****New**

or

**Amended****4. Covering Period**M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2016

D D D / Y Y Y Y Y Y

through

M M M / D D D / Y Y Y Y Y Y
03 / 01 / 2016

D D D / Y Y Y Y Y Y

2016

5. (a) Date of Public Distribution(s)M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2016

D D D / Y Y Y Y Y Y

2016

(b) Communication Title Freedom's Fight**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☒ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐No ☒**8. Custodian of Records**

(a) Name

Alan Philp

(b) Address (number and street)

403 S. Reed Court

(c) City, State and ZIP Code

Lakewood

CO

80226

(d) Name of Employer or Principal Place of Business

Collins Anderson Philp Public Affairs

(e) Occupation

Consultant

9. Total Donations This Statement

, , .00

10. Total Disbursements/Obligations This Statement

, , 412974.64

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Gwen Benevento

SIGNATURE

Gwen Benevento[Electronically Filed]

DATE

02/11/2016

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.